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(Depositor's name) (Signature (Date

FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. ICATION NO. 10/067 979 02/08/2002 Vincent Fischetti NH-METHOD STREP

TITLE OF INVENTION: THERAPEUTIC TREATMENT OF UPPER RESPIRATORY INFECTIONS

02/18/2005 MBEYENE2 00000015 10067979

01 FC:2501 700.00 OP 02 FC:1504 300.00 DP TOTAL FEE(S) DUE DATE DUE

SMALL ENTITY ISSUE FEE PUBLICATION FEE APPLN. TYPE \$300 \$985 02/16/2005 nonprovisional YES \$685

EXAMINER ART UNIT CLASS-SUBCLASS PRATS, FRANCISCO CHANDLER 1651 424-094100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
- For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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A check in the amount of the fee(s) is enclosed.

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- 4b. Payment of Fee(s):
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Registration No.

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